

Exhibit I

Sample Format: Request to Participate in the CDC/ATSDR Flexible Workplace Arrangements Program

To: (Designated Approving Official)

Through: (Immediate Supervisor)

Subject: Request to Participate in the CDC/ATSDR Flexible Workplace Arrangements Program:
____Long-term OR ____ Short-term (less than two consecutive weeks)

I wish to participate in a flexible workplace arrangement for the following reasons:

(Include all information necessary to evaluate the request, e.g., any relevant physical disability or illness, arrangements that will be made for the care of children or other dependents, etc. Indicate the expected duration of the flexible workplace arrangement and the number of days/hours per week you wish to work away from your official duty station. Attach any medical documentation or other information you wish to have considered. Specify where you would like to work off site, i.e., at your home or at a telecommuting center. Indicate also any equipment you think would be necessary at the alternate duty station for you to perform your job.)

Signature:_____ Date:_____

Position Title:_____

Pay Plan, Series, and Grade:_____

Most Recent Performance Appraisal:_____

Immediate Supervisor: Concur:_____ Non-concur:_____

Reasons for Determination:

(Describe how the criteria are met for both the employee and the position. Describe in detail the type of work that can be accomplished away from the official duty station including time frames and deadlines. Attach specific agreements for measurement of productivity and performance for work performed at the alternate duty station. For medical justifications, clarify when part-time or full-time work at the official duty station is appropriate. If the employee is unable to come to the official duty station, indicate how work assignments and the completed project will be transmitted to the supervisor.)

Signature:_____ Date:_____

Approving Official: Concur:_____ Non-concur:_____

Reasons for Determination:

Signature:_____ Date: _____